



भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
रेलवे बोर्ड RAILWAY BOARD

No. 2026/ H-1/2/2/HMIS- Digital Process Flow & FAQs

New Delhi, Date: 30/04/2026

The General Manager DG, RDSO
PCMDs DG, CTIs
PHODs
All Indian Railways

Sub: HMIS- Digital Process Flow & FAQs

Ref:

- i. Railway Healthcare Policy Instructions vide Railway Board letter no. 2024/I & Trans Cell/ Healthcare/P dated 29.08.2024.
- ii. IR healthcare policy on Cancer Treatment vide Railway Board letter no. 2025/ I & Trans Cell /Healthcare/ 2/ P dated 05.05.2025
- iii. Referral for Transplant Cases – standard instructions in HMIS based digital referral protocol vide Railway Board letter no. 2022/H/8/HMIS/Pt-committee dated 12.11.2025.
- iv. Healthcare Services Standing Committee – vide Railway Board letter 2024/ I & Trans. Cell / GAC / Healthcare / P dated 04.10.2024

Zonal Railways have been requesting at-a-glance information on highlights / key aspects and basic process flows (on HMIS & digital referral protocol) of the policy instructions under ref. The same is attached as Annexure-A herein for guidance, information and sensitization of the field units, empanelled HCOs and railway employees /pensioners /dependent beneficiaries under the Railway Medical Attendance Rules.

2. A workshop and training of IRHS officers and the heads / in-charge of Railway Hospitals (128 nos) on IR, including associate finance and empanelled HCOs w.r.t. on-boarding onto HMIS and being an integral part of IR's healthcare eco-system, would be conducted and for which instructions from Training Directorate, Railway Board are being issued.

Please acknowledge receipt and ensure compliance.

(Pranav Kumar Mallick)
ED/Transformation
Railway Board
email: pranav.mallick@nic.in

(Dr Ashutosh Garg)
Director Health Policy & Projects
Railway Board
email: dirhpp@rb.railnet.gov.in

Copy as per list enclosed:

Copy for information to:

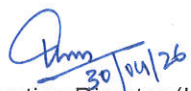
1. The CMD/All Railway PSUs; MD/NHSRCL; MD/DFCCIL; VC/RLDA.
2. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.
3. The Registrar, Railway Claims Tribunal, Delhi.
4. The Chief Commissioner of Railway Safety, Delhi.
5. The Secretary, Railway Rates Tribunal, Chennai.
6. The Chairman, Railway Recruitment Board, Ahmedabad, Ajmer, Allahabad, Bangalore, Bhopal, Bhubaneswar, Bilaspur, Chandigarh, Chennai, Gorakhpur, Guwahati, Jammu & Srinagar, Kolkata, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad, Siliguri and Thiruvananthapuram.
7. Managing Director, Centre for Railway Information Systems, Chanakyapuri, New Delhi
8. Director General, C-DAC, Anusandhan Bhawan, Sector-62, NOIDA.


30/4/26

(Dr Ashutosh Garg)
Director Health Policy & Projects
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Copy to:

1. The Genl. Secy., AIRF, Room No.253, & NFIR Room No. 256-C, Rail Bhavan
2. The Secy. Genl., IRPOF, Room No. 268. FROA, Room No. 256-A & AIRPFA, Room No. 256-D Rail Bhavan


30/4/26

for Principal Executive Director (IR)
Railway Board

Copy to:

1. Advisor/MR, EDPG/MR, OSD/MR, OSD/Coord/MR, Additional PS/MR
2. PS /MoSR (S), OSD /MoSR (S), Assit PS/MoSR(S), EDPG /MoSR (R), JDPG /MoSR (R), APS /MoSR (R), PA/MoSR(R)
3. PSOs/Sr.PPSs /PPSs to CRB & CEO, M/O&BD, MF, M/TRS, M/Infra
4. All DGs, Secretary/RB, All AMs, PEDs, All EDs, Railway Board.
5. IG/P&TS, Railway Board.
6. RBCC, Room No. 476 for uploading on the website.


30/4/26

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Annexure-A

FAQs

P. U. Medical

2017

Case Type / Issue	Policy Provision
<ul style="list-style-type: none"> • Patients made to submit numerous papers at the time of discharge. 	<ul style="list-style-type: none"> • Admission / Discharge 100% on HMIS. • Patient's UMID profile (HRMS synced). • Patients treatment / medical records are all available in HMIS. • No papers required to be carried/submitted/ authenticated by the patient.
<ul style="list-style-type: none"> • Patients made to take a print-out of medicines prescribed by the Railway Doctor in HMIS → get it stamped at given counter(s) → submit to Railway Pharmacy counter for collecting medicines. 	<ul style="list-style-type: none"> • 100% medicines are prescribed by the Railway Doctor in HMIS w.r.t patient's UMID. • All medicines issued on HMIS by the Railway Pharmacist. • No printout required in the process.

P. K. Mehra

B. Singh

Case Type / Issue	Policy Provision
<ul style="list-style-type: none"> Patients despite having a referral (in HMIS) are being denied treatment unless the patients bring to the empanelled HCO a further recommendation / endorsement / stamp / letter /e-mail / WhatsApp message etc. from the ZRH /RH with which the empanelled HCO has its MoU. 	<ul style="list-style-type: none"> Patients - once a referral is given by the jurisdictional Railway Hospital can select any empanelled HCO on IR. All empanelled HCOs have been on-boarded onto HMIS. Using their HMIS login ID, it can verify patient's UMID and the referral letter and admit her / him through an OTP based protocol.
<ul style="list-style-type: none"> RH are insisting patients to go to multiple windows in RH for self-chasing the referral being processed and to carry a print-out for getting stamped / endorsed. Even though, referral is initiated in an hour or two of patient's visit to the Rly Dr but she /he is made to wait and pursue its approval for a full day or two away from the workplace. 	<ul style="list-style-type: none"> All referral are initiated and processed for approval on HMIS. Patient - for whom referral has been initiated in HMIS by the Rly Dr - are not required to self-chase it. In HMIS, patients receive a message in their HMIS App the moment their referral is initiated and also an update when referral gets approved.

Empanelled

Zmf

Case Type / Issue	Policy Provision
<p>MoUs with empanelled HCOs are often misinterpreted as being only for the zonal railway beneficiaries.</p>	<ul style="list-style-type: none"> • All Agreements have to be “for and on behalf of the President of India”. Hence, all MoUs with empanelled HCO must invariably state at the beginning that “this Agreement /MoU is between the President of India acting through the Medical Director /CMS (as the case may be) of the Rly Hospital (to be named) <u>for Indian Railways</u> and the empanelled HCO (to be named)”. • All MoUs have to be uploaded in HMIS w.r.t. its HFR-ID.
<p>Patient feedback is not taken nor factored in while granting Renewal/ extension to an empanelled HCO.</p>	<ul style="list-style-type: none"> • Renewal / extension to be <u>initiated 3 months</u> in advance and would be w.r.to HMIS’ data on the nos of patients who availed treatment at that empanelled HCO plus the rating feedback given by railway patients through their HMIS App login.
<p>As per Railway Board’s healthcare policy, the facility / specialty of an empanelled HCO is meant for all railway patients from all over IR and, hence, they should not get arbitrarily denied the same without exceptional reasons duly considered as a stipulated procedure.</p>	<ul style="list-style-type: none"> • Foreclosure / suspension of an MoU shall be on the recommendation of MD/CMS, based on which PCMD may recommend for approval of the AGM/GM to foreclose /suspend the MoU.

P. U. Mule

3m

Case Type / Issue	Policy Provision
<p>Empanelled HCOs have expressed apprehension that their bills will not be accepted unless clear instructions are issued for treatment under the latest healthcare policy and HMIS based digital referral protocol</p>	<ul style="list-style-type: none"> • Bills on monthly basis, mentioning the Hospital's HFR-ID and attaching HMIS generated summary position showing digital tokens (viz. HMIS digital referral letters) consumed and patients discharged during the billing period. • In a prolonged treatment case, the treatment during the billing month and a special report to be attached by the HCO on the continuing / previous months' treatment since admission and reference of previous on-account bills.
<p>Currently same Pvt HCOs are empanelled by many RHs - this can lead to billing and payment errors like double payment or non payment as empanelled HCOs have requested clear instructions to avoid confusion.</p>	<ul style="list-style-type: none"> • If an HCO has only one MoU with an RH/ HU, the bills would continue to be submitted to the RH / HU with which it has signed the MoU. • In case an HCO has been empanelled by more than one RH, the concerned MDs/CMS' in consultation with their associate finance may formulate a Joint Procedure Order or mutually agreed to arrangement wherein only one bill passing unit is assigned to an empanelled HCO.

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Policy Provision	Case Type / Issue	HMIS
<ul style="list-style-type: none"> Pensioners / dependents aged greater than 70 years can avail cashless facility at empanelled HCOs for direct OPD consultation & related investigation from specialists. [ref. Rly Bd letter no. 2023/H/ 28/ 1 / RELHS/ Empaneled (CGHS) dt 02.01.2025 and not drawing Fixed medical Allowance] 	<ul style="list-style-type: none"> Empanelled HCOs are reluctant to treat without a referral or message from a particular railway medical staff or rly doctor. 	<ul style="list-style-type: none"> All empanelled HCOs are on-board in HMIS with login ID. Patients can use UMID to avail this facility at any Empanelled HCO on IR. Renders convenience to patients and tracks billing of this service w.r.t use incidence.
<ul style="list-style-type: none"> "RELHS" is a scheme under which retired Railway employees and dependent / eligible beneficiaries avail medical facilities under the Railway Medical Attendance Rules. 	<ul style="list-style-type: none"> Zonal Railways are issuing RELHS Card in addition to UMID and patients are denied treatment if both the cards are not shown by the patient. 	<ul style="list-style-type: none"> Since all health services are now on HMIS and UMID pensioners data in HRMS is in sync, it (UMID) can be used by RELHS beneficiaries. No need to issue a separate RELHS card.

Case Type / Issue	HMIS to be leveraged
<ul style="list-style-type: none"> when validity of referral has expired / lapsed (digital token not being consumed) or defined treatment sessions are exhausted. Rly Patients visiting RH/HU merely for re-validation/ extension of referral are avoidable footfalls at the RH/HU and over-crowd the OPD. 	<ul style="list-style-type: none"> Patients can use HMIS App to submit requests for re-validation/extension through HMIS App Use Case-1: Dialysis Patients - jurisdictional RH would approve the request within 3 days else extension would be auto-generated after 72 hrs --> <i>every 3rd extension would be based on a clinical review by the Rly Doctor</i> Use Case-2 Cancer Patients - jurisdictional RH would approve within 3 days failing which extension would be auto-generated after 72 hrs Use Case-3 Other Than Cancer Patients - jurisdictional RH would <u>either</u> approve the same in 72 hours in HMIS or call the patient for a clinical review. If patient gets a message in HMIS App for having to come for a clinical review by Rly Dr, no OPD registration required.

P. K. Muller

Zmf

Leveraging HMIS for Managerial Information

Digital Tokens **Issued**

Referrals given - every Digital Letter bears a unique ID termed here as Digital Token Ref.

Digital Tokens **Consumed**

• **Incidence** – empanelled HCO where treated

Duration – when patient admitted & when discharged

Rating on HMIS App by the patient

Digital Tokens **Billed**

How many consumed digital token have been billed

Arrears

Delays

Digital Tokens **Paid**

HMIS login access to A/cs

digital tokens issued

When consumed

when bill submitted by Empanelled HCO

when bill passed by Medical Branch

When Bill paid / Delays

From HCO

Ref

HMIS check-box for billing of empanelled HCOs

every referral letter bears a unique ID termed here as Digital Token Ref.

Digital Tokens
Issued

Digital Tokens
Consumed

Digital Tokens
Billed

Digital Tokens
Passed

Digital Tokens
Paid

P. K. Mulhail

Gmail

Benefit of medical reimbursement from 2 sources - Features

- Total Bill less claim paid by Insurance, is reimbursable up to the admissible amount @ approved rates.
- Beneficiary / Primary UMID Card-holder may raise medical claim against the original vouchers/bills first to the insurance company, which would issue a certificate, addressed to the concerned CMS/MD indicating the amount reimbursed. The insurance company may retain the original vouchers / bills in such cases and issue duly certified copies of bills/vouchers, in ink along with stamp of the insurance company.
- The beneficiary would thereafter prefer his/her medical claim along with the above mentioned certified copies of the insurance company to the concerned MD/CMS through the jurisdictional RH / HU.

Illustration - I

- A. Total Medical Expenditure incurred by the Rly beneficiary: Rs. 1,00,000/-
- B. Amount reimbursed by Insurance Company out of (A): Rs 40,000/-
- C. Amount out of (A) which is reimbursable as per Rly approved rates/rules: Rs. 70,000/-
- D. Maximum amount that can be reimbursed by Railways will be either (A-B) OR (C) whichever is lesser.: Rs. 60,000/-

Illustration-II

- A. Total Medical Expenditure incurred by the Rly beneficiary: Rs. 1,00,000/-
- B. Amount reimbursed by Insurance Company out of (A): Rs. 20,000/-
- C. Amount out of (A) which is reimbursable as per Rly approved rates/rules: Rs. 70,000/-
- D. Maximum amount that can be reimbursed by Railways will be either (A-B) OR (C) whichever is lesser.: Rs. 70,000/-

P. K. Mehta

Amf

Process Flows

P. H. Miller

2016

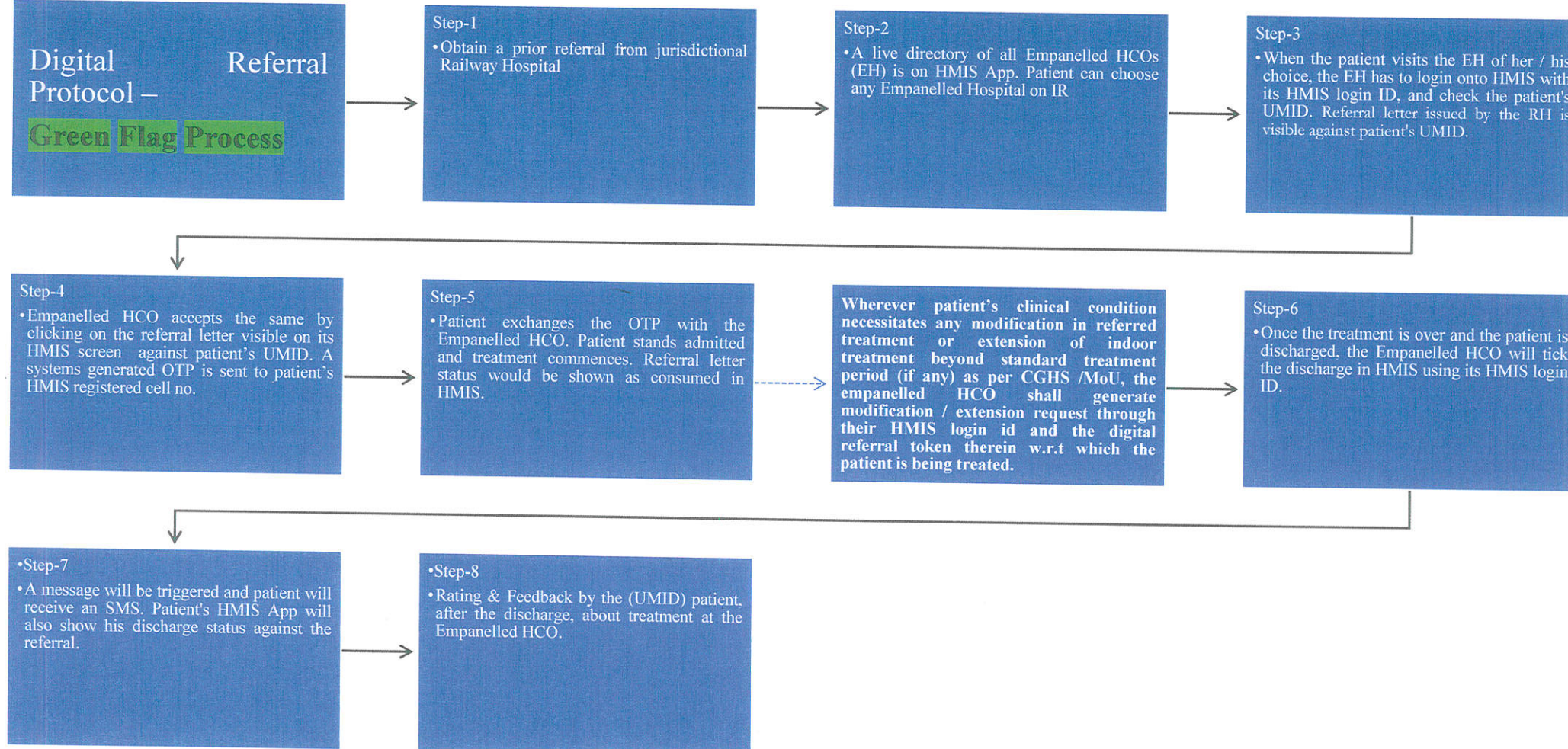
Digital Referral Protocol

- Jurisdictional RH (Railway Hospital) issues referral for a treatment to a patient wrt UMID. Digital referral does not bear any vendor name (i.e. name of any empanelled HCO is not mentioned in the digital referral letter).
- Digital referral letter is issued in HMIS and bears a unique systems generated digital token no. It (Digital Referral letter) is placed in HMIS App of the patient.
- **Referral shall be given for complete treatment of the patient for the referred treatment as per the MoU and not in parts or for specific number of days which may be then extendable in piecemeals by RHs at the request of the patient or empanelled HCOs.**
- The patient is free to approach any Empanelled HCO (EH) on IR. On going to her / his chosen EH, the patient carries only UMID no. & HMIS registered cell-phone.
- **Digital Referral Protocol has two processes – Green Flag Process and Red Flag Process.**

Empanelled

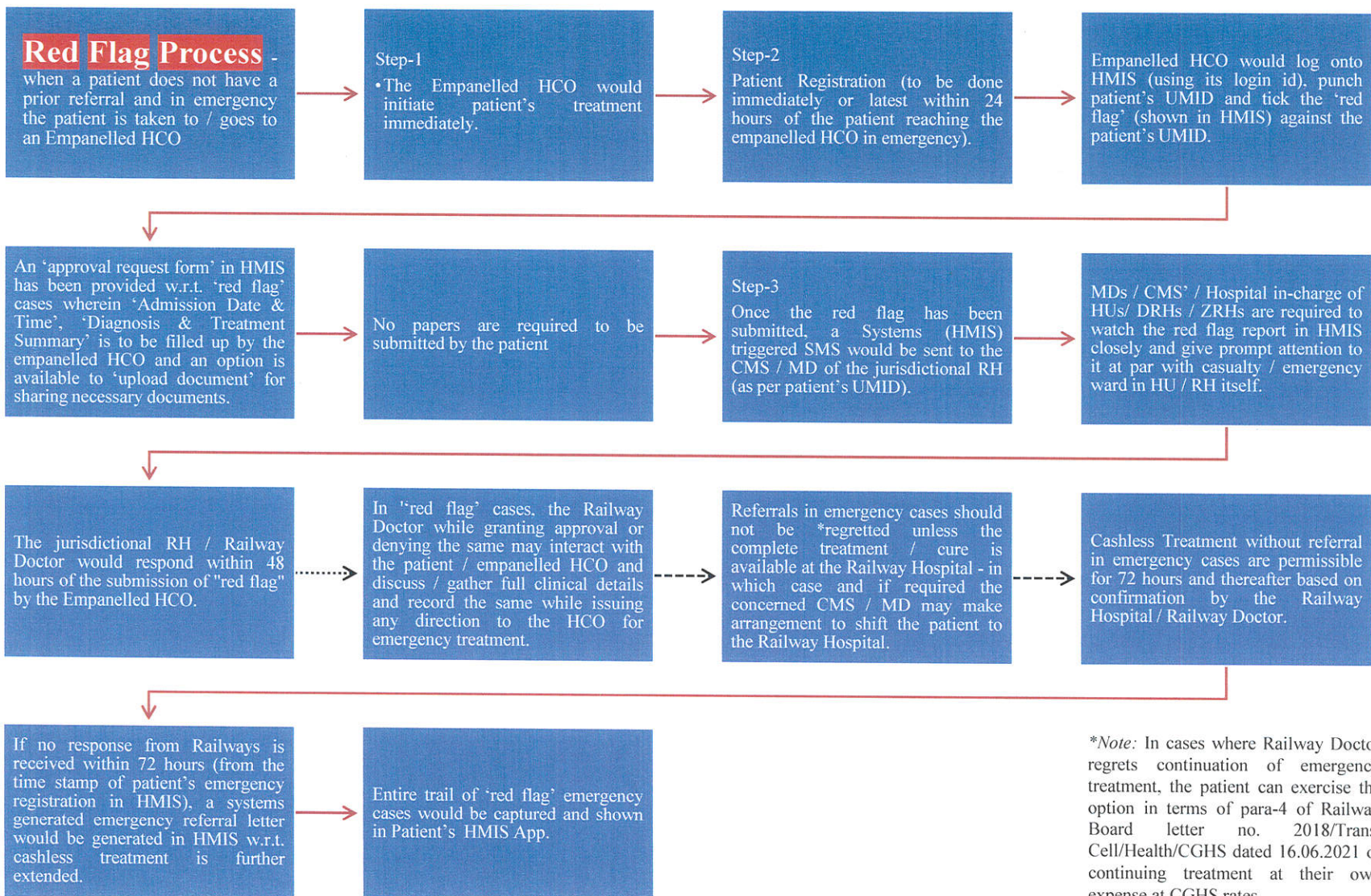
Amal

Digital Protocol – Referral Green Flag Process



P. U. Madhul

30/12



e-UMID

e-UMID Card for Serving Staff, Pensioners and Dependent Beneficiaries.

e-UMID would be placed, as '*issued document*', in Digi-Locker of the Primary Card Holder (i.e., IR's Serving Employee / Pensioner) and made available on beneficiary's profile on HMIS App.

e-UMID has pan-IR validity: for treatment at all Railway Hospitals / Health Units and for referral or emergency treatment at any of IR empanelled HCOs (Health Care Organisations like private hospitals, diagnostics, specialists etc.)

UMID cardholders to ensure that the details are correct. Any change /up-dation /discrepancy has to be got rectified by the UMID card-holder in HRMS or approach associate HR /Personnel office for rectifying it in HRMS – with which UMID data is in sync. e-UMID gets auto-updated and refreshed in Digilocker and HMIS.

P. K. Mulla

Amal

Treatment of non-Dependent at RH / HU

Indian Railway Medical Manual contains provision that **servants / attendants or non-dependents temporarily staying with the railway employee / pensioner, who are in need of medical attention, could avail medical treatment / services / medicines at RH / HU as private patients** w.r.t. Primary UMID Card on payment @ city specific CGHS Rates or as prescribed by Railways wherever CGHS rates are not available.

Treatment of such non-dependents shall be limited to the jurisdiction of Railway Hospital / Health Unit where the railway employee resides. All such transactions would be reflected in HMIS profile of the Primary Card-holder.

UMID Primary Card holder - has to feed herself / himself in their HMIS App using their login ID the details of such non-dependent patient for whom treatment is required in RH / HU and an initial payment towards registration charge would be paid through HMIS App.

All transaction slips in HMIS w.r.t. such non-dependents as private patients shall capture Name, Relationship and Aadhar no. of the Patient availing treatment along with OTP based confirmation by Primary UMID Card-holder and payment.

All the due payments for treatment / admission, including payment of diet charges or any other amount pertaining to the patient, shall be raised / billed on HMIS and paid by the primary UMID cardholder through the payment gateway (MeRS) provided in HMIS App.





Treatment at INIs

INIs are Institutes of National Importance viz. PGIMER-Chandigarh, JIPMER-Puducherry, NIMHANS-Bengaluru and 25 AIIMS.

No referral / permission is required for Treatment (OPD/ Consultations/ IPD/ Indoor Treatment/ Investigations/ Diagnostics/ Tests) at the above-mentioned INIs.

Medicines prescribed by these INIs shall be obtained from the Railway Hospital after initial treatment and medication in OPD / Emergency.

IPD treatment - till the time patient is admitted in these hospitals, medicines dispensed by these INIs, Tests and other diagnostics done at these INIs, would be covered in the expenses met during the treatment at these INIs. Medicines prescribed by these INIs, including the follow up medicines and other services shall be provided by the Railway Hospital / Health Unit.

Reimbursement for treatment at these INIs shall be as per actuals or city specific CGHS Rates, whichever is lower.

The above excludes dental implants and / or such treatments that are not allowed under extant instructions.





CANCER Treatment

Referral

- Treatment can commence within 90 days from the date of issuing of Referral letter.
- Once the referral is issued, 6 consultations are allowed within the referral; if recommended by the primary specialist. Revalidation / Extension may be taken for further treatment.
- No repeat referral is required for a follow-up treatment w.r.t. on-going treatment - if a previous cancer referral has been given.
- **Note: Cancer Referral is a once in a lifetime referral – the referral no. remains constant.**

Single Window cancer care and simplified referral process for cancer treatment / reimbursement:

- the AGM (for ZRH) and DRM (for DRH) to nominate a railway doctor (not below SG) – as nodal for all cancer cases.

Comprehensive & Inclusive Referral for cancer treatment and specific provisions for cancer treatment at:

- **8 Tata Memorial Centres in India** namely, TMH / Mumbai, ACTREC/ Navi Mumbai; TMC / Muzaffarpur (Bihar); TMC/Vishakhapatnam (Andhra Pradesh); TMC /Mullanpur, New Chandigarh; TMC/Sangrur (Punjab); TMC/Varanasi (UP); TMC/Guwahati (Assam)
- **Government Hospitals**
- **Any IR Empanelled HCOs**
- **Institutes of National Importance** viz. 25 AIIMS, PGI-Chandigarh, PGI-Puducherry, NIMHANS-Bengaluru
- **All CGHS Empanelled HCOs**

R. A. Mahesh

Bmf

Cancer Treatment in all the Tata Memorial Centres (TMCs) in India and Mumbai's Tata Memorial Hospital & Advanced Center for Treatment Research & Education in Cancer (TMH / ACTREC)

No referral / permission / endorsement is required for initial Diagnostics / Tests / Consultation / Investigation at Preventive Oncology Branch or OPD in Tata Memorial Centre Hospital (TMCH) – and the medical reimbursement claim for such treatment at TMCH shall be admissible as per rates stipulated in IR's MoU with TMCH or on actuals, whichever is lower, and may include cost of registration, consultation, initial Tests / Medication etc. in OPD.

For medically expedient cancer cases needing referral to TMC /TMH (including ACTREC) on the basis of OPD/ Consultations / Investigations / Diagnostics / Tests

The cancer patient may exercise the option of

Either taking referral from jurisdictional RH (mentioned in patient's UMID)

Or take referral in Mumbai itself from any of IR's two nodal ZRHs for TMCH, namely Dr Babasaheb Ambedkar Memorial Rly Hospital or Babu Jagjivan Ram Rly Hospital.

Referral by Railway Doctor is inclusive of the in-house treatment (Consultation, Investigations, Chemotherapy, Radiotherapy, Surgery etc)

During IPD treatment, the robotic / laparoscopic / implants / special surgery etc. as allowed under CGHS and including chemotherapy administered, radiation, medicines dispensed, Tests or other diagnostics done, would be covered in the expenses met during the treatment.

Medicines, including post-operative protocol medicines and follow-up medicines, as prescribed shall be provided by the TMCH.

In the event medicines are not provided by TMCH it will certify that the medicine was not provided to the patient and the same would be provided by any RH /HU as per patient's request.

Pranav A. Mahesh

3mf

Cancer treatment in Government Hospitals (GHs) and Institutes of National Importance (INIs)

No referral/permission / endorsement is required for cancer treatment including OPD/IPD/Tests in INIs.

Reimbursement as per actuals or city specific CGHS rates, whichever lower & may include cost of registration, consultation, initial treatment, medication etc in OPD

For cancer cases needing referral treatment /IPD on the basis of OPD /consultations /investigations /diagnostics /tests, the referral would be given by the jurisdictional RH as per patient's UMID.

Medicines (post-operative & follow-up) to be provided by the INI / GH

If INI or GH - where treatment has been taken - certify that the medicines could not be provided, the same would be provided by any RH/HU as per patient's request - since UMID has been granted pan-IR validity.

Cancer treatment in any IR Empanelled or a CGHS Empanelled HCO (EH)

Referral/permission/endorsement not required for cancer OPD / Consultations / Investigations / Diagnostics / Tests (**except IPD**) in empanelled HCOs of IR/CGHS

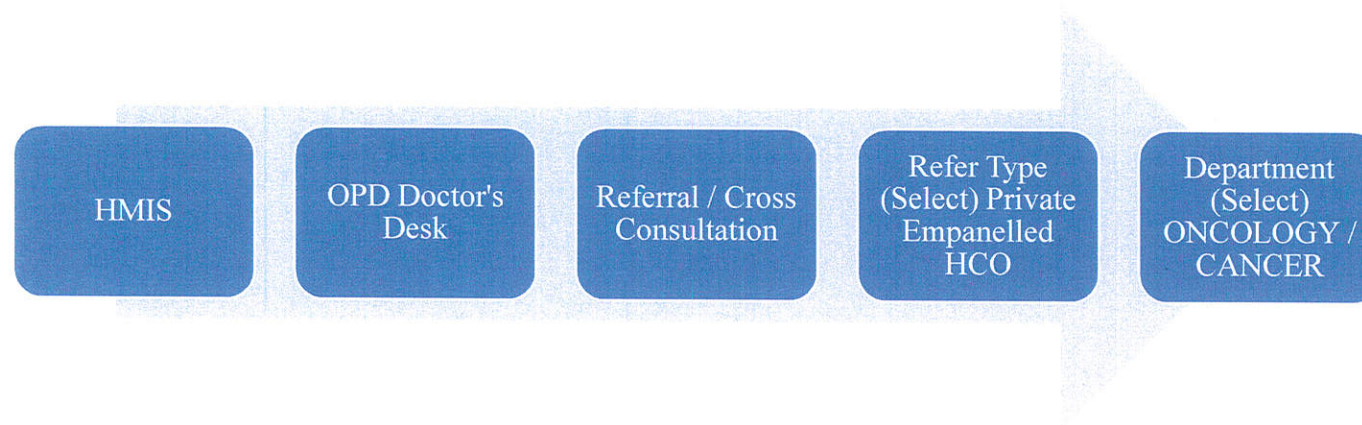
BUT the reimbursement in these cases would be admissible only, and only if cancer /malignancy is confirmed in which case reimbursement would be as per actuals or city specific CGHS rates, whichever lower & may include cost of registration, consultation, initial treatment/medication etc in OPD.

Referral would be given by Jurisdictional RH as per patient's UMID for cancer cases needing referral treatment / IPD on the basis of OPD / consultations/ investigations / diagnostics/Tests.

Referral /treatment to be inclusive. IPD treatment to be as per MoU with respective EH, and chemotherapy administered, radiation, medicines dispensed, Tests & other diagnostics done would be covered in the expenses met during the treatment.

Medicines that the EH could not provide and all post-operative protocol /medicines, as prescribed shall be provided by any RH /HU as per patient's request.

Process flow for generation of Cancer Referral



P. K. Mallik

3/15

Transplant cases features

Transplant cases, being highly complex, constitute a unique category of referrals. Unlike other referrals, all transplant cases essentially undergo four broad steps/processes, viz. Workup tests → Medico-legal/NOTTO compliance → Transplant procedure → Follow-up.

Workup tests are a complex battery of tests on the patient/donor spread over several sessions over a period of time.

The transplant procedure is dependent on and decided based on the workup tests. Hence, the locus of workup or transplant procedure cannot be at different empanelled HCOs and must necessarily be covered under a single comprehensive referral.

An instance was found to have been issued wherein transplant referral was issued only for workup and that too as an outdoor single session referral.

In order to preclude repeat of such instances or error in issuing transplant referrals, the following has been incorporated as standard/dropdown auto-select menu in HMIS referral/doctors' desk (from where digital referral is generated in HMIS):

Specialty: (to be picked from drop down menu in HMIS e.g. kidney/liver/lungs etc.)

Referred procedure / treatment: "Transplant with workup" (drop down menu in HMIS)

Referring doctor's remarks: (clinical remarks to be recorded).

Type of service: (gets auto-selected in HMIS if referral is for transplant)- "OPD/IPD for comprehensive treatment including follow up".
[note: Kidney transplant cases would be inclusive of the dialysis required during the entire treatment period.]

Footnote (systems printed in all transplant referral cases): Applicable CGHS package and due compliance with medico-legal/NOTTO requirements to be ensured by the empanelled HCO.

Dialysis for kidney transplant cases may be billed separately as per CGHS rates (if not a part of the transplant package rate) or the patient may claim reimbursement for such dialysis.

P. U. Mullid

Qmf

Healthcare Services Standing Committee

(RB letter no. 2024 /I & Trans. Cell /GAC /Healthcare/P dt. 04.10.2024)

- To ensure optimal functionality of delivery of railway healthcare services delivery and reach out pro-actively to the beneficiaries on various instructions issued on healthcare.
- Information dissemination and grievance redressal in a structured mechanism.
- Committee at Divisional Level and Zonal Level.
- Participation from Railway Administration, colony residents, pensioners, authorized local chemists, empanelled HCOs, women representatives on gender specific health issues / grievances of beneficiaries.

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